

9655

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021379

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6063

STATE FILE NUMBER

FILED JUN 13 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If outside, give location) 4475 West Pine	
3. NAME OF DECEASED (Type or print) First MIDDLE Last EDYTH IRENE BROWN		4. DATE OF DEATH Month Day Year June 9, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/19/1898
9. AGE (last birthday) 64		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) Oakland, Mississippi		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Edward J. Sullivan		13b. MOTHER'S MAIDEN NAME Julia Johnson	
14. NAME OF HUSBAND OR WIFE Ralph H. Brown		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of)	
16. INFORMANT Mr. Ralph H. Brown		17. ADDRESS 4475 West Pine (8)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) hypertensive cardiovascular disease			INTERVAL BETWEEN ONSET AND DEATH 1 hour 6 year 12 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition, given in PART I (a) 4201			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Jan 1961 to June 1963 and last saw her alive on June 8 1963 Death occurred at 4:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Vernice H. M.P.		22b. ADDRESS 114 North Taylor St. Chicago, Mo.	
22c. DATE SIGNED June 9, 1963		23. NAME OF CEMETERY OR CREMATORY Mount Emblem Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (rail)		23d. LOCATION (City, town, or county) Elmhurst, Illinois	
24. FUNERAL DIRECTOR ALEXANDER & SONS		25. DATE RECD. BY LOCAL REG. JUN 10 1963	
26. REGISTERAR'S SIGNATURE Ralph H. Smith, M.D.		27. ADDRESS 6175 Delmar Blvd.	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon C. Vedder

Licensed Embalmer No. 5031

P. O. Address 6175 Delmar

St. Louis 12, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.